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Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				<i>Application Number</i>	10/595,945
				<i>Filing Date</i>	05/22/2006
				<i>First Named Inventor</i>	MAYER, Ralf
				<i>Art Unit</i>	1616
				<i>Examiner Name</i>	To Be Assigned
				<i>Attorney Docket Number</i>	032301.458

[illegible]

Examiner Signature	/Melissa Stalder/	Date Considered	11/02/2008
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.S./